



# PUBLIC SERVICE PENSION FUND CONTRIBUTOR INFORMATION FORM

In accordance with the provisions of the Pensions Act, Revised Statutes of Anguilla, Chapter P20 Section 48 subsections (1) to (5), this form is to be completed **legibly in PRINT** by each contributor of the Public Service Pension Fund.

## PERSONAL DETAILS

PLACE OF EMPLOYMENT \_\_\_\_\_ JOB TITLE \_\_\_\_\_

Social Security # \_\_\_\_\_ PF ID# \_\_\_\_\_ Gender:  Male  Female

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Birth \_\_\_\_\_  
(if applicable) mm dd yy

Nationality \_\_\_\_\_ Telephone \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work)

Residential Address: \_\_\_\_\_ Postal Address \_\_\_\_\_

Email Address: \_\_\_\_\_

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Marital Status:  Single  Married  Divorced  Widow(er)

Date of Marriage \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Spouse \_\_\_\_\_  
mm dd yy First Middle Initial Last

Spouse Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Nationality \_\_\_\_\_ Telephone \_\_\_\_\_  
mm dd yy

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### DEPENDENT CHILDREN Please provide information only for children under age 18

Full Name	Date of Birth (mm/dd/yy)	Gender (M/F)	Indicate if you are the biological, step, adoptive, or foster parent or legal guardian

Marital status, birth of a child, death of spouse or dependent children (since last submission of record update), or bankruptcy MUST be supported by a certificate or affidavit. Any changes must be submitted to the Public Service Pension Fund within 3 months of effective date of change, supported by the respective certificate or affidavit.

Signature of Contributor: \_\_\_\_\_ Date: \_\_\_\_\_

### PSPF OFFICE USE

Reason for Submission:  New Contributor  Change in Details  Renewal

Annual Salary: EC\$ \_\_\_\_\_ Contributor Join Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Data Entry date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials of officer: \_\_\_\_\_  
mm dd yy

Signature of Pension Fund Administrator: \_\_\_\_\_ Date: \_\_\_\_\_